



## **TCAA Safety Regulations**

Pursuant to Trinidad and Tobago Civil Aviation Regulations, 2004.

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### **INSTRUCTIONS FOR COMPLETING TCAA FORM TF-01 PROSPECTIVE OPERATOR'S PRE-ASSESSMENT STATEMENT (POPS).**

***(TO BE COMPLETED BY AN APPLICANT FOR AN AIR OPERATOR CERTIFICATE OR APPROVED MAINTENANCE ORGANISATION CERTIFICATE.)***

**SECTION 1A.** All applicants shall complete this section.

1. Enter the company's official name and mailing address. Include any other business name if different from the company name).
2. Provide the address of the main base of operations. It is where the offices of management required by regulation are located. If the address is the same as in item 1, enter "same." State secondary business addresses (if applicable) of operation and identify the type of operation conducted at each address.
3. Enter the estimated commencement date of operations.
4. The information provided in this block in (1), (2), and (3) will be used to assign a company identification number. You may indicate up to three (3), 3-letter identifiers, such as ABC, XYZ, etc. If all choices have been assigned to other operators or maintenance organisations, a randomly selected number will be assigned.
5. Enter the names, titles, and telephone numbers of management personnel required by TTCAR No.3, Regulation 14 for application for Air Operator Certificate and TTCAR No. 6 Regulation 25 for application for an approved Maintenance Organization Certificate.

***NOTE: Management personnel qualification requirements are specified in TTCAR No. 3***

**SECTION 1B.** All applicants shall complete this section, as appropriate.

6. Indicate if the applicant for an Air Operator Certificate intends to perform maintenance as an Approved Maintenance Organisation (AMO) or intends to contract out all or part of his maintenance, or perform his own maintenance using an equivalent system.
7. The proposed type of operation shall be indicated. Check as many boxes as apply.
8. The proposed type of Approved Maintenance Organisation ratings shall be indicated. Check as many boxes as applicable. Refer to TTAR No. 6 Schedule 2 for information on the ratings of an AMO.

**SECTION 1C.** Air Operators shall complete blocks 9, 10.

9. Aircraft Data is to be provided here. Indicate number and types of aircraft by make, model, series, and number of passenger seats or cargo payload capacity. For foreign registered aircraft, provide a copy of the lease agreement.
10. Indicate geographic areas of intended operation and proposed route structure.



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### SECTION 1D. All applicants shall complete this section.

11. Show any information that would assist TTCAA personnel in understanding the type and scope of operation or services to be performed by the applicant. If an air operator intends to arrange for maintenance and inspections of his aircraft and/or associated equipment, identify the approved maintenance organisation selected and a list of the maintenance or inspections he proposes to perform. Also provide copies of all written contracts with this form, if applicable. Applicants for an AMO Certificate should identify prospective maintenance contractors he intends to use and their Geographic Locations.

12. Identify the type of aircraft and/or simulators.

An applicant for an AOC should identify the type of aircraft and/or simulators intended to be used.

An applicant for an AMO Certificate should identify the type of aircraft by make and model. In addition identify the type of training that the Quality Assurance staff, certifying staff and maintenance personnel will receive based on the ratings requested.

13. The Prospective Operator Pre-assessment Statement (POPS) denotes an intent to seek TTCAA certification as an air operator or approved maintenance organisation. It must be signed as follows:

<u>Type of Organisation</u>	<u>Authorised Signature</u>
Individual,	Owner,
Partnership	At least one partner,
Company, corporation, association, etc	At least one authorised officer

The Accountable Manager (TTCAR No. 3, Regulation 2 for AOC and TTCAR No. 6, Regulation 25 for AMO) must sign the POPS Form. If the POPS Form is signed by another individual who is not the Accountable Manager the Accountable Manager must submit with the POPS Form a letter authorizing the signatory to sign on his behalf.

### SECTIONS 2. For TTCAA Use.

The prospective applicant must address this POPS form to the Office of the Director General of Civil Aviation. Upon receipt of the POPS the fields in this section is filled out. The form is then forwarded to the Executive Manager Safety Regulations. (EMSR).

### SECTIONS 3. For TTCAA Use.

Upon receipt of the POPS the Office of the Executive Manager Safety Regulations will fill out the fields in the section. The EMSR will complete the "Pre-application number", "Assigned Project Manager" and "Forwarded to Project Manager" fields in this section when those items are completed. The "Assigned Certification Number" field will be filled out during the Certification Phase of the air operator or Approved Maintenance Organization.



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<b>Prospective Operator’s Pre-assessment Statement (POPS)</b>							
(To be completed by an applicant for an Air Operator Certificate or Approved Maintenance Organisation).							
<b>Section 1A. To be completed by all applicants.</b>							
1. Name and mailing address of company (include business name if different from company name).			2. Address of the principal (main) base where operations will be conducted.				
3. Proposed Start-up Date:			4. Requested company identifier in order of preference.				
			(1).		(2).		
			(3).				
<b>5. Management and Key Staff Personnel.</b>							
<b>Name</b> (Surname/First/Middle).	<b>Title.</b>		<b>Telephone &amp; address (if different from company include country code).</b>				
<b>Section 1B. To be completed by Air Operator and/or Approved Maintenance Organisation.</b>							
6. <input type="checkbox"/> Air Operator intends to perform maintenance as an AMO.							
<input type="checkbox"/> Air Operator intends to arrange for maintenance and inspections of aircraft and associated equipment to be performed by others.							
<input type="checkbox"/> Air Operator intends to perform maintenance under an equivalent system.							
<input type="checkbox"/> Approved Maintenance Organisation.							
7. Proposed type of operation (Check as many as applicable). Air Operator Certificate – No. 2/3. <input type="checkbox"/> Passengers and Cargo. <input type="checkbox"/> Cargo Only. <input type="checkbox"/> Scheduled Operations. <input type="checkbox"/> Charter Flight Operations							
8. Proposed type of Approved Maintenance Organisation Rating(s).							
<b>Aircraft</b>		<b>Engine</b>		<b>Components</b>		<b>Specialized Services</b>	
<input type="checkbox"/> A1 – Aeroplane > 5700 Kg		<input type="checkbox"/> B1 – Turbine		<input type="checkbox"/> C 6	<input type="checkbox"/> C 11		<input type="checkbox"/> C 16
<input type="checkbox"/> A2 – Aeroplane < 5700 Kg		<input type="checkbox"/> B2 – Piston		<input type="checkbox"/> C 7	<input type="checkbox"/> C 12		<input type="checkbox"/> C 17
<input type="checkbox"/> A3 – Rotorcraft		<input type="checkbox"/> B3 – APU		<input type="checkbox"/> C 8	<input type="checkbox"/> C 13		<input type="checkbox"/> C 18
			<input type="checkbox"/> C 1	<input type="checkbox"/> C 9	<input type="checkbox"/> C 14	<input type="checkbox"/> C 19	
			<input type="checkbox"/> C 2	<input type="checkbox"/> C 10	<input type="checkbox"/> C 15	<input type="checkbox"/> C 20	
			<input type="checkbox"/> C 3				
			<input type="checkbox"/> C 4				
			<input type="checkbox"/> C 5				
<b>Section 1C. Blocks 9 and 10 to be completed by Air Operator.</b>							
9. Aircraft Data (For foreign registered aircraft, please provide a copy of the lease agreement).			10. Geographic areas of intended operations and proposed route structure.				
Numbers and types of aircraft (By make, model, and series).			Number of passenger seats or cargo payload capacity.				



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<b>Section 1D. To be completed by all applicants.</b>		
11. Additional information that provides a better understanding of the proposed operation or business (Attach additional sheets, if necessary).		
12. Proposed Training (Aircraft and/or Simulator).		
13. The statement and information contained on this form denotes an intention to apply for a TTCAA Certificate.		
Type of Organisation:		
Signature.	Date (day/month/year).	Name and Title (Block Letters).
<b>Section 2. To be completed by the DGCA Office.</b>		
Received by (Name and Office):		Date received (day/month/year).
Date forwarded to Executive Manager Safety Regulations (day/month/year):	For: <input type="checkbox"/> Action <input type="checkbox"/> Information only.	
<b>Remarks:</b>		
<b>Section 3. To be completed by the Executive Manager Safety Regulations Office.</b>		
Received by:	Date (day/month/year):	
Pre-application Number:	Assigned Certification Number:	
Assigned Project Manager:	Date:	
<b>Remarks:</b>		